

Catawba County Personnel Action Form

Employee Name: _____
Social Security # _____
Effective Date of Action: _____
Cost Center to Charge (if different from position #) _____

Full time: _____
1/2 time: _____
4/5 time: _____
Other: _____
Hourly: _____

New Hire:

Hire Letter Attached: _____

Classification Title _____ Grade: _____
Position #: _____
Dept Job Code Position #
Salary: Annual \$ _____ Hourly \$ _____ (Required)
Last Employee in Position: _____

Promotion: __ Transfer: __ Reassignment: __ Reclassification: __ Demotion: __

From:

Classification Title _____ Grade: _____
Position #: _____
Dept Job Code Position #
Salary: Annual \$ _____ Hourly \$ _____

To:

Classification Title _____ Grade: _____
Position #: _____
Dept Job Code Position #
Salary: Annual \$ _____ Hourly \$ _____ (Required)

(For promotion, transfers or demotions)

Length of probationary period: _____ months (3 to 6 months)

Last Employee in Position: _____

Termination:

Resignation Letter Attached: _____

From:

Classification Title _____ Grade: _____
Position #: _____
Dept Job Code Position #
Salary: Annual \$ _____ Hourly \$ _____

Merit: Individual _____ Team Merit _____ Memo attached: _____ or Employee Initials: _____

Lump Sum Amount: \$ _____ (including FICA and retirement)

Justification:

Other: _____

Letter to employee attached: _____

Classification Title _____ Grade: _____
Position #: _____
Dept Job Code Position #
Salary: Annual \$ _____ Hourly \$ _____ (Required)
Explanation: _____

Department Head Signature_____
Date